

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000109113

1. Entity Name
ATLANTIC SOUTHERN DRYWALL, INC.



Principal Place of Business

855 NE 219TH ST.
LAWTEY, FL 32058

Mailing Address

855 NE 219TH ST.
LAWTEY, FL 32058



DO NOT WRITE IN THIS SPACE

05122005 No Chg-P CR2E034 (1Q/03)

4. FEI Number
20-0288336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, MARTELLA
855 NE 219TH ST
LAWTEY, FL 32058

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MOORE, MARTELLA
STREET ADDRESS 855 NE 219TH ST
CITY-ST-ZIP LAWTEY, FL 32058

TITLE V
NAME KING, CHRISTOPHER
STREET ADDRESS 1572 FLAT SHOALS RD
CITY-ST-ZIP COLLEGE PARK, GA 30349

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/16/05-80003-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-11-2005

Date

678-958-8019
Daytime Phone #